

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

Name of Debtor
Vladimir Paniouchkine
Tatyana Paniouchkine

Case Number
99-41879

NOTES: This form should be filed with the bankruptcy petition and the statement of affairs. A separate form should be filed for each claim. An administrative expense may be filed pursuant to 11 U.S.C. § 503.



99-41879

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Jay-D Sudweeks

Name and Address where notices should be sent:

Jay-D Sudweeks

POB-1846

Twin Falls, ID 83301

MCA - Atlantic Transportation Service LLC
PO Box 1849
Roseboro NC 28382

Telephone Number: 910 525 2238

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

9242

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: _____
- Unpaid compensation for services performed from _____ to _____
- (date) (date)

2. Date debt was incurred:

3/31/99

3. If court judgment, date obtained:

N/A

4. Total Amount of Claim at Time Case Filed:

\$ 1337.90

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ _____
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date _____ Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

12/27/99 *Leonard Lynch Secretary*

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U.S. COURTS
 9 DEC 27 PM 2:22
 FILED
 CAMERON S. BURKE
 CLERK
 IDAHO

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

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Invoice # 94837

Date: 3/31/99

** MID-ATLANTIC TRANSPORTATION SERVICES, INC. **
P.O. BOX 1549
ROSELAND, NC 28382
NC-065139P

Remit to:
MID-ATLANTIC TRANSPORTATION
PO Box 1249
Rosedale, NC 28382

Bill to: PAN TRANS. INC. Customer #. 9242
P.O. BOX 5151
THIR FALLS, ID 83802

Shipper: VASS PIPE & STEEL CO.
Origin: HOUSTON, TX

Commodity: PUBLIC SERVICE ALABAMAIC - GAS
Destination: BAHAMUS, NJ

1200 Bundles. 1 Articles. STEEL Weight. 1

Rate \$5 ON 1574 NLS. = \$1037 90

Date shipped: 99/03/19

Bill of lading #: 13505

Shipper ref #: 47007512

Total due: \$1,037 90

Terms: Net 7 days
Please return one copy with your payment.

This is a carrier's invoice for freight charges
paid or payable in your behalf.

**SAW FORM NO.022**[illegible]

TOTAL 43,070 NO. PIPE 4. FEET 1567

T- 31.00
G. 35.00

VIVAT Logistics, Inc

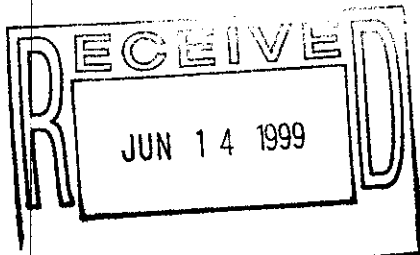
409 Shoshone St.
Twin Falls, ID 83301

Load Order

DATE	P.O. NO.
3/20/99	3021

Carrier
Mid-Atlantik Trans Service P.O. Box 1849 Roseboro, NC 28382

DUE DATE	SHIP VIA	P.O. #
3/20/99	F/T	RIPO3014

ITEM	DESCRIPTION	Pick Up / Delivery	RATE	Weight	AMOUNT
Load	Pipe	From: Houston, TX To: Paramus, NJ	1,354.90	48000	1,354.90
					

Total

\$1,354.90

Vivat Logistics, Inc.
P.O. Box 5151
Twin Falls, Idaho
(208) 734-7082

To Whom It May Concern:
Subject: Payment arrangement

Jun 10, 1999

RE: Accounts Payable


To whom this notice may concern:

Due to uncontrollable circumstances it is necessary for Vivat Logistics, Inc. to inform you that all accounts have been frozen. There will be no payments' made by our accounting department, accounts payable for no less than 30 days of this notice and no more than 120 days from the date of this notice. Vivat Logistics, Inc. would like to extend their deepest sympathies and would request that you be understanding in this matter.

If you have any questions in regards to your account with Vivat Logistics, Inc. please call or send a fax to us. The Fax number for Vivat Logistics, Inc. is; (208) 733-7560.

Again I would like to extend my apologies and to let you know that this matter will be taken care of as quickly as possible.

Thank you,



Vladimir Panfuchkin
President and CEO

RAMP